

16562 U.S. PTO
07/18/03

UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.

R2TIP002

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) named inventors: Peter R. Snoeren, Gouda, The Netherlands; Nico Karssemeijer, Beek, The Netherlands; entitled **MODEL-BASED GRAYSCALE REGISTRATION OF MEDICAL IMAGES**, for a(n):

- (X) Original Patent Application.
- () Continuing Application (prior application not abandoned):
() Continuation () Divisional () Continuation-in-part (CIP)
of prior Application No. _____, filed _____.
- () Please add after the title of the application "This is a
() Continuation () Divisional () Continuation-in-part (CIP)
of Application No. _____, filed _____, which is hereby incorporated by reference."
- () Please add after the title of the application "This application claims the benefit of U.S. Provisional Application
No. _____, filed _____, which is hereby incorporated by reference."
- (X) Applicant hereby claims small entity status.

Enclosed are:

- (X) Specification: 37 Total Pages. (X) Drawing(s): 10 Total Sheets.
- (X) Oath or Declaration:
(X) A Newly Executed Combined Declaration and Power of Attorney:
() Signed. (X) Unsigned. () Partially Signed.
- () A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).
() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).
- () Power of Attorney. (X) Return Receipt Postcard.
- () Preliminary Amendment. () A Check in the amount of \$ _____ for the Filing Fee.
- () Information Disclosure Statement, Form PTO-1449, and copies of cited references.
- () A Duplicate Copy of this Form for Processing Fee Against Deposit Account.
- () Request for Certification (**NON-PUBLICATION**) under 35 U.S.C. 122(b)(2)(B)(i).
- () Assignment Recordation Cover Sheet (1 page) and Assignment (2 pages).
- () A Certified Copy of Priority Documents (if foreign priority is claimed).
- () Other: _____.

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	40	20	\$9.00	\$ 180.00
Independent Claims	5	2	\$42.00	\$ 84.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$40.00
Basic Filing Fee				\$375.00
Total Filing Fee				\$ 679.00

- () Please charge the total filing fee of \$ 679.00 to Deposit Account No. ____ (Order No. R2TIP002).
- () At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account No. ____ (Order No. R2TIP002).

Respectfully submitted,

By: Jung-hua Kuo
Jung-hua Kuo, Reg. No. 41,918
Date: July 18, 2003

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I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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